Executive Committee
Health Care Reform Commission
Monday

Attendees: Secretary of Health and Human Services Steven Costantino, Health Insurance Commissioner Christopher Koller, Lt. Governor Elizabeth Roberts

Absent: Director of Administration Richard Licht, Governor's Policy Director Brian Daniels

I. Call to Order: Lt. Governor Roberts called the meeting to order at 2:00pm. Advised that due to last minute scheduling changes we do have two members absent, but will proceed as planned.

II. Health Planning in the State – Co-Chairs Secretary Costantino and Commissioner Koller asked to speak to the work of the Health Planning Council
   a. Secretary Costantino: The Council had its first meeting, basically to align the new structure of the committee and to have it re-established. Now moving on to the next phase, everyone realizes how critical planning is as we move the state forward, how it drives the other bureaucratic activities in state government and as it talks about sustainability. The committee has made about 95% of the appointments, still making a few additions – it is a large committee. I feel it will really be a future for the state. There may be a second round of the first $150K for future funding. Certainly believe that this committee, which meets every two months, will be a very interesting group especially for the future of health care. Have hopes that the mission of the group will be how to sustain a quality health system in RI. To get to that point, the state will have to make some changes to how it provides health care and delivery of services. It may be a two or three year process.
   b. Commissioner Koller: Important to see that this year's council is an extension of previous work. The council is advisory, they make recommendations, but the statute specifically says that the Health Insurance Commissioner and the Secretary will take these recommendations into consideration in their work. The greatest challenge that the Secretary and I have is to manage expectations. Ensure that there is meaningful progress that comes from inner work that we can use in tandem with day in and day out decisions. That is really the challenge, as we work with the Council to go through this process. Dr. Fine will speak more to this point in today's presentation.

III. Dr. Michael Fine, Director of Health and Melinda Thomas, Dept of Health - Presentation on Update of Health Care planning and Accountability Advisory Council (available here)

a. Melinda Thomas presented the history of health planning federally and within RI.
b. 2006 Coordinated Health Planning Act was passed in Rhode Island.
c. This was followed by a report developed by a Subcommittee in 2007, the "2007 Coordinated Health Planning Report," which was designed to serve as guidance for planning moving forward.
d. In 2011, $150,000 in funding was allocated to carry out planning.
e. The Council's first meeting was held on January 27, 2012. An RFP was issued for gap analysis in December of 2011 and 5 bids are being reviewed.
f. A few Brown Public Health students are working on an analysis of existing resources to inform this work.

IV. Dr. Fine shared information on the "Gap Analysis" studies(a picture of where we need services which don't currently exist) and other work to be done under the auspices of health planning (presentation here).
a. The $150,000 can get us started.
b. Sec. noted that this Gap Analysis does not capture excesses.
c. Targeting March to award a contract, with May being the date for a report out.

V. Elena Nicolella – CMS Innovation Challenge
a. The request from CMS was for out-of-the-box ideas that hadn't yet been tried by Medicare and Medicaid. In RI, the focus initially was on a large joint effort. There were some smaller state initiatives and EOHHS said it would support them so long as not they are not in conflict with the Secretary's objectives. They ended up supporting 15 grant applications.
b. Proposals ranged from use of community health teams and tobacco cessation plans to larger efforts, such as the proposals out of Lifespan and Children's, Care New England, Butler, etc.
c. They anticipate posting a summary.
d. The proposals were due on Jan. 27th and they'll hear back late March.
e. Lt. Governor Roberts commented that she assumed there was some level of government involvement despite the state being unable to apply for the grants themselves.
f. Elena Nicolella explained that one ask, for example, from the community health teams was for long-term funding and resources/support from Medicaid.
g. Commissioner Koller– Thundermist and Coastal Medical, for example, put together a proposal to take a deeper dig on patient centered medical home with additional features added and a focus on complex cases. This forces payers to take a closer look at their mix.
h. A discussion followed of putting a list up on healthcare.ri.gov – and Elena will make sure applicants are comfortable with doing so.

VI. Since that initial challenge, states have heard informally that in March, there will be a similar opportunity for state agencies. There is somewhat of a difference, however – still the triple aim, multi-payer, population health, etc. – but in the one presentation that's been given by CMS, there was no workforce development aspect to it.

a. It is a very ambitious plan. It's a 5-year plan.
b. CMS wants to go from uncoordinated, episodic system to one that's much more coordinated – where we have "community integrated healthcare" with community health, long-term care, etc. – and it should be done within the community. Not just healthcare, but also childcare support and education - in other words, everything that helps someone be healthy and productive.
c. They are offering implementation funding for states that are ready to go such as VT.
d. For states less able to "go" there is money for planning and design work.
e. There is not a lot of information on how it will be structured, but we know they'll be looking for populations health, continuous quality improvement, triple aim, prevention, patient and person-centered.
f. Commissioner Koller – do they want us to focus on particular populations?
g. Elena Nicolella – the one place they've talked about populations is with the improvement of quality and population health is where they mention Medicaid/CHIP and Medicare specifically. But otherwise, they're talking about "communities" and "populations" – and not just communities in need.
h. Lt. Gov. announced that she'll be convening a group to organize this effort moving forward.
i. Sec. asked if there is another round between the Innovation grant and the state-based opportunity. Elena answered that there is such a possibility if the money is not spent up by the first wave.

VII. Public Question

a. Does there have to be a sustainability track specified for the state-based opportunity or is that just for the private grant opportunity?
b. Richard Langseth – are any of the tribes included in the program? Elena said that they will find out. Mr. Langseth stated that we need to put greater focus on current*care* and what we can do to make it better.

VIII. Adjourn – The meeting adjourned at 3:20pm.